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ABSTRACT

Recognizing that past efforts to promote healthy child development and to support families with young children have not been linked with efforts to promote family economic security in low-income communities, this exploratory project examined how community development corporations (CDCs) promote the well-being of low-income families with young children; the issues faced by CDCs as they seek to play a more active role in promoting the well-being of young children and their families; and how the role of CDCs in promoting the well-being of the next generation could be strengthened. Information was gathered through a review of the literature on community development, interviews with key informants from 15 organizations, and in-depth interviews with 9 CDCs to identify their strategies. The resulting profiles revealed that CDCs are focusing attention on young children and families using one or more of three basic strategies: (1) implementing child development and family support programs; (2) assisting child care providers by rehabilitating homes and providing training in business and child care skills; and (3) developing support strategies for families. The school readiness framework does not seem to be driving many efforts. Most efforts have involved significant help from national or regional intermediaries focused on child care and economic development. Challenges for CDCs include ambivalence about focusing on a specific age group and the need for technical assistance and support. (Appended is contact information for the profiled sites and the national intermediaries. Contains 23 endnotes.) (KB)

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The Role of Community Development Corporations in Promoting the Well-Being of Young Children

Jane Knitzer
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January 2002

National Center for Children in Poverty
Mailman School of Public Health, Columbia University

National Center for Children in Poverty

www.nccp.org

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that prevent child poverty in the United States and that improve the lives of low-income children and their families.

NCCP:

- Places a special emphasis on preventing or alleviating poverty among children under age six because young child poverty poses particularly serious risks to children's healthy growth and development.
- Conducts and synthesizes relevant research to meet the needs of key audiences that work on issues affecting low-income families.
- Uses sound research to identify and promote wise investments in low-income families that have important long-term benefits for children, families, their communities, their states, and the nation as a whole.
- Employs a multi-disciplinary approach to build bridges between academic research, field-based knowledge of the experiences of low-income families raising children, attitudinal research, and the development of public and private sector initiatives for low-income families with children.
- Works to accurately, effectively, clearly, and broadly communicate its research in compelling ways.
- Emphasizes providing useful information to state and local policymakers as they establish goals and objectives and allocate resources for efforts to prevent or alleviate child poverty.
- Helps key stakeholders and the general public understand and effectively respond to the constantly changing face of child poverty. NCCP does this by assessing and tracking: the definition and measurement of child poverty; the impact of child poverty on various subpopulations; the effects of particular policies on low-income families and children; and public attitudes and awareness regarding child poverty, low-income families, and related issues.

The Role of Community Development Corporations in Promoting the Well-Being of Young Children

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CDCs, alone or in partnership with others, are well-positioned to play an important role in promoting the well-being of the next generation.

EXECUTIVE SUMMARY

The Context

Over the past decade there has been increased attention to improving outcomes for young children and helping families better meet the dual challenges of providing nurturing parenting and economic support for their children. For the most part, however, activity to promote healthy child development and provide support to families with young children has not been linked with efforts to promote family economic security in low-income communities. At the same time, initiatives to promote community building and address economic issues in low-income communities have typically not explicitly addressed the developmental and family support needs of young children and families.

Recognizing this, the National Center for Children in Poverty decided to undertake an exploratory project to see what community-based organizations in low-income communities and neighborhoods are doing to promote the healthy development of low-income young children and families through child development and family support strategies. NCCP focused on three questions:

- In what ways are community development corporations (CDCs) promoting the well-being of low-income families with young children?
- What are the issues, challenges, and opportunities facing CDCs seeking to play a more active role in promoting the well-being of young children and their families?
- What more might be done to strengthen CDCs' role in promoting the well-being of the next generation?

The Findings

- CDCs are focusing attention on young children and families using one or more of three basic strategies. These include: implementing child development and family support programs; assisting child care providers by rehabilitating (rehabbing) homes and providing training in business and child care skills; and developing support strategies for families, including grandparents and others raising young children. (See box below.)
- Although most CDCs profiled in the report undertake only one type of strategy, a few are creating approaches that reflect a strategic plan, sometimes by having a director of early childhood programs, and sometimes by developing an actual plan that addresses the needs of parents, providers, and young children.

EXAMPLES OF CHILD- AND FAMILY-FOCUSED STRATEGIES DEVELOPED BY CDCs

Implementing child development and family support programs

- Adopting national child development and family support program models including home visiting, Even Start, Head Start, and Early Head Start
- Requiring that center-based programs seek national accreditation to ensure high quality
- Providing developmental screening and, if necessary, referrals for fuller assessments of young children

Helping child care providers

- Rehabbing homes for family child care providers
- Supporting family child care providers in creating sustainable businesses
- Working with child care providers to help them become advocates for improved child care availability and quality
- Providing short-term substitute child care for providers who are ill or taking vacation
- Helping unlicensed providers become licensed
- Developing provider loan programs and scholarships for professional development

Helping families

- Organizing support groups for parents, grandparents, and children
- Building parent leadership networks to address issues of availability and quality of child care
- Providing short-term, emergency child care scholarships to providers so children can stay in the same setting
- Addressing environmental risks to children, such as lead poisoning

- The school readiness framework does not, at this point, seem to be driving many efforts, and few initiatives track impacts or outcomes.

- Most efforts have involved significant help from national or regional intermediaries focused on child care and economic development, but CDCs are typically not linked with other child and family leaders trying to improve outcomes for young children either within their communities or states.

- In strengthening an agenda for young children and families, CDCs report some specific challenges. These include: ambivalence about focusing on a specific age group; the perception that early childhood care is a "professionalized" service rather than a neighborhood function, despite the reality that the majority of children are actually cared for by neighbors and friends in the community; the complexities of building new relationships, including, at times, difficulty in working with schools; the need for technical assistance and support; and, as is true of all community organizations working with children and families, funding challenges.

Toward the Future

- Given the stability of CDCs as a community presence, their networks, their leadership building capacity, their capacity to manage programs, and their ability to do neighborhood planning and needs assessments, CDCs have the potential to play a stronger role in promoting improved outcomes for young children and families if they had access to better resources and technical assistance.

- CDCs are in a position to strengthen their focus on improved outcomes for young children and families by promoting greater community awareness about the importance of early childhood through participation in literacy campaigns; more consistently informing parents about benefits, particularly given changing rules regarding Temporary Assistance for Needy Families (TANF), the State Children's Health Insurance Program (SCHIP), and other assistance programs; creating deliberate "two-generation approaches" to the more vulnerable families in the community; paying more attention to school readiness strategies and to outcome indicators; and leading or participating in strategic community planning for young children and families.

- More dialogue between CDCs and broader efforts to improve conditions and outcomes for young children and families would be helpful. National organizations serving the CDC community could play a lead role in this, but the broader children's policy and advocacy community also needs to ensure that the CDC voice is heard at the table.

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INTRODUCTION

Over the past decade, considerable public and private attention has been focused on strengthening strategies for early childhood development and family support. States are steadily increasing support for child development, child care, and family support programs targeting young children and families,[1] and initiatives focused on cities are growing.[2] Advocates have promoted broad community mobilization and public awareness about the importance of early childhood. For the most part, however, activity to promote healthy child development and provide support to families with young children has not been linked with efforts to promote family economic security in low-income communities. At the same time, initiatives to promote community building and address economic issues in low-income communities have typically not explicitly addressed the developmental and family support needs of young children and families.

Recognizing this, the National Center for Children in Poverty (NCCP) decided to undertake an exploratory project to see what community-based organizations in low-income communities and neighborhoods are doing to promote the healthy development of low-income young children and families through child development and family support strategies. Our original aim was to include Comprehensive Community Initiatives as well as Empowerment Zones in our effort. However, at the time the project began, Comprehensive Community Initiatives did not generally address issues facing young children, and the Empowerment Zones generally focused only on child care.[3] Therefore, NCCP chose to focus on community development corporations, or CDCs. CDCs are, in effect, the "bread and butter" of community building. Typically, CDCs work to promote community leadership and economic development. In viewing CDCs through a young child and family lens, the hope was that this study would identify approaches that could be nurtured and grown. Absent that, the hope was to learn what else might be done to capitalize on the strengths of CDCs in promoting improved outcomes to young children.

Community context matters to child development. Families matter more, but, nonetheless, neighborhood composition and structure also influence children's social-emotional and cognitive development.

SETTING THE CONTEXT

This section sets the context in three ways. First, it highlights the research-based knowledge about how communities influence child development. Second, it reviews aspects of the current policy landscape most relevant to low-income young children and families. And third, it summarizes the methodology NCCP used to gather information.

The Research Context

Parents of young children take at face value the claim that the nature of the broader community affects families and children. The quality of the public schools attracts or deters families with options. So too does the quality of housing and the physical environment, the quality of the commercial and public services, and the social environment. But, until recently, there was no scientific evidence to support this claim. Now, researchers are beginning to confirm, through studies of children over time and experimental studies, that community context matters to child development.[4] Families matter more, but, nonetheless, neighborhood composition and structure, such as percent of households in poverty or the ratio of adults to children (often called "the child care burden"), also influence children's social-emotional and cognitive development. Researchers are even beginning to think about the processes by which communities and neighborhoods might influence the development of young children. Not surprisingly, factors proposed include parents' employment chances, income, levels of stress, and the ease of accessing quality health care as well as early child development and family support services.[5] All of this means that efforts to promote more supportive communities for children and families, particularly in lower-income neighborhoods, take on a new significance.

The Current Policy Landscape

Two very powerful policy themes also play a defining role in understanding the challenges and opportunities that families with young children face in low-income communities: one is related to the implementation of the Temporary Assistance for Needy Families (TANF) program and the other to the school readiness agenda.

TANF

The block grant program that replaced the Aid to Families with Dependent Children program, TANF, requires that poor families receiving cash assistance must work. This has resulted in a reduction of the welfare caseload by at least 50 percent in 29 states and by at least 20 percent across all states.[6] However, most families transitioning to work remain in low-paying jobs without benefits. Under good economic circumstances, they have moved off cash assistance but not out of poverty. Those circumstances are changing, and even the small economic gains may erode as low-wage jobs disappear. From a child welfare perspective, TANF has highlighted the need for more formal early care and education programs (such as center-based child care, Head Start and Early Head Start, and prekindergarten), as well as underscoring the importance of informal care, often called kith and kin care, in low-income communities. There are also reports that the pressure to work is having a chilling effect on participation in child development, family support, and community leadership development efforts as families spend more time working or looking for work.[7] In addition, TANF has turned the spotlight on the complex needs of families that face barriers to work stemming from some combination of learning disabilities, substance abuse, domestic violence, depression, poor work histories, or other factors that make finding and holding onto jobs difficult. Children in these families are among the most at risk.[8]

School Readiness

In 1993, Congress enacted the Educate America Act (P.L. 103-277) which sets forth a series of national goals related to education. Goal One declares that all children shall enter school ready to learn. Across the country, states and communities are mobilizing in traditional and new ways to promote the school readiness of young children. The traditional ways include providing funds for child development and family support programs to meet the needs of young children and their families. The less traditional ways include public awareness campaigns that disseminate information about the importance of early brain development, family literacy campaigns, and other strategies to help families see that their young children succeed as they transition to school. But whether traditional or nontraditional, the explicit goal, increasingly, is to enhance the likelihood of early school success. Because of the importance of this goal to children in low-income communities, NCCP was interested in understanding the extent to which a school readiness framework is influencing activities in these communities.

TANF has turned the spotlight on the complex needs of families that face barriers to work stemming from some combination of learning disabilities, substance abuse, domestic violence, depression, poor work histories, or other factors that make finding and holding onto jobs difficult. Children in these families are among the most at risk.

About Community Development Corporations

CDCs are not-for-profit development corporations that exist in nearly every large and medium-sized city in the country today.[9] They are central to efforts to provide housing, promote community economic development, and facilitate community leadership development. They emerged in the 1960s and, in those early years, had a broad agenda. But due primarily to a narrowing of funding, they became focused on physical revitalization, although in some cases, either by plan or default, they began to help families get through crises by offering services such as food pantries and crisis loans. In the 1980s, the number of CDCs continued to grow (reaching 2,000 by the end of the decade) and became, in many places, the biggest suppliers of affordable housing. By 1997, their numbers reached about 3,600.[10]

Some have multimillion dollar budgets; others exist, as do many of the families in their communities, on a shoestring. Some have been able to add social services programs by being entrepreneurial. In order to help the CDCs, a network of national and regional organizations has also emerged to provide technical assistance, fiscal support, and other support to them.

A recent survey of CDCs by the National Congress for Community Economic Development found that:[11]

- 56 percent engaged in advocacy and community organizing.
- 37 percent offered youth programs as one of their major activities.
- 30 percent offered job training and placement programs as one of their major activities.
- 21 percent reported child care as one of their major activities.
- 16 percent reported health services as one of their major activities.

Today, CDCs face multiple challenges in the changing political and economic climate. The communities they are in have few resources, and although CDCs are working to meet some of this need and to advocate for more jobs, services, and transportation, there is still much that is lacking. Moreover, many CDCs feel stretched too thin, heightening the tension between trying to build community leadership and provide services. This, then, is the context in which NCCP sought to understand how CDCs are working to help young children and families.

The Approach to Gathering Information

The three core questions posed in this study are:

- In what ways are CDCs promoting the well-being of low-income families with young children?
- What are the issues, challenges, and opportunities facing CDCs seeking to play a more active role in promoting the well-being of young children and their families?

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- What more might be done to strengthen CDCs' role in promoting the well-being of the next generation?

In order to answer these questions, NCCP undertook a review of the literature on community development, with a special focus on already existing profiles of specific sites that were reported to be engaging in efforts to promote young child and family well-being. In addition, interviews were conducted with key informants from 15 organizations that have a broad perspective on both community building and family support and child development efforts, seeking from them the names of others to contact. Through this process, known as key informant/snowball sampling, over 50 community development corporations thought to be addressing the needs of young children and their families in the context of their other work were identified.

NCCP then conducted a telephone scan with the staff of these CDCs, asking them to identify their general goals and mission and whether or not they had programs or strategies focused on young children under age six and their families. Based on the activities reported through this scan, NCCP held in-depth interviews with nine CDCs in order to gain a better understanding of the clusters of strategies being developed and the issues and challenges they posed to CDCs. Detailed profiles were developed for each of the nine sites, and they formed the basis for this report.

THE FINDINGS

The first section highlights the activities of nine community development corporations. The second section discusses some of the common themes, issues, challenges, and opportunities that surfaced.

Profiles of CDCs Working to Help Young Children and Families

CDCs are focusing attention on young children and families using one or more of three basic strategies. These include: implementing child development and family support programs; supporting child care providers by rehabilitating homes and providing training in business and child care skills; and developing support strategies for families, including grandparents and others raising young children. (See Box.) Examples of these strategies alone and in combination follow, drawing on the experiences of nine community development corporations.

Strategy #1
Implementing Child Development and Family Support Programs

Research makes an increasingly powerful case that what happens in a child's earliest years matters greatly for the child's later emotional and cognitive development.[12] Research also suggests that poverty takes its toll on young children even more than on children of other ages.[13] Other factors, too, play a powerful role. While many low-income young children and families are enormously resilient and able to cope with the material and psychological burdens of poverty, it is the triple burden of substance abuse, domestic violence, and maternal depression, all of which are disproportionately visible in low-income communities, which place many young low-income children at risk of poor outcomes even in their earliest years. High-quality early intervention programs that combine a focus on child development with family support make a difference.[14] Several CDCs in our sample are engaged in the delivery of direct child development services to children and families. Most typically, these CDCs directly implement or adapt national- or state-designed program models, although sometimes CDCs design their own.

EXAMPLES OF CHILD- AND FAMILY-FOCUSED STRATEGIES DEVELOPED BY CDCs

Implementing child development and family support programs

- Adopting national child development and family support program models including home visiting, Even Start, Head Start, and Early Head Start
- Requiring that center-based programs seek national accreditation to ensure high quality
- Providing developmental screening and, if necessary, referrals for fuller assessments of young children

Helping child care providers

- Rehabbing homes for family child care providers
- Supporting family child care providers in creating sustainable businesses
- Working with child care providers to help them become advocates for improved child care availability and quality
- Providing short-term substitute child care for providers who are ill or taking vacation
- Helping unlicensed providers become licensed
- Developing provider loan programs and scholarships for professional development

Helping families

- Organizing support groups for parents, grandparents, and children
- Building parent leadership networks to address issues of availability and quality of child care
- Providing short-term, emergency child care scholarships to providers so children can stay in the same setting
- Addressing environmental risks to children, such as lead poisoning

Home Visiting Through CDCs

Project Triumph: Bethel New Life, Chicago, Illinois

Bethel New Life, the host CDC for Project Triumph, is a faith-based CDC that was established in 1979 to increase the availability of affordable housing. Recognizing that the most affordable housing is not affordable if people are unemployed, unstable, or unable to deal with other problems, Bethel began to provide more comprehensive services as early as 1989 when it established "Project Triumph," a home-visiting-based program primarily for parents with children ages birth–3 (although there are some pregnant mothers in the program). The goal of the program is to prevent developmental delays in young children. Components of the Project Triumph program include:

- *Case management for mothers or grandparents.* The aim is to help mothers and grandparents address needs for housing, education, employment, child care, and health care (specifically regarding good nutrition, asthma, and lead poisoning). Help is also needed with older siblings. Some 25 percent of the families are headed by grandparents; others are homeless or survivors of domestic violence. Most of the needs are met by referring program participants to services and resources provided by other departments at Bethel New Life.

- *Periodic developmental screening for children.* Young children are assessed two times a year using the Denver screening instrument for indicators of developmental delays. If delays are suspected, children are referred for a further, fuller assessment.

- *Home visits by a child development specialist.* A child development specialist goes into the homes of program participants to help parents and grandparents with developmentally appropriate activities.

- *Regular meetings for parents and grandparents.* A meal is served at meetings giving staff the opportunity to observe parent interactions with children. After the meal, parents meet in support groups while a child development specialist works with the children. Five parent mentors who have already gone through the program facilitate parent support groups. These mentors participate in a one-week training. Every two years, five new parent mentors are recruited. Two different parent curricula are used: Minnesota Early Learning Design and Effective Black Parenting.

The program operates at two sites and currently involves 160 families and over 170 children. Overall, child development specialists, case managers, and home educators conduct about 110 home visits per month. The program is funded by the Illinois State Board of Education through early childhood block grant funds. Bethel has no formal system for tracking the progress of participants. However, informally they observe the progress of mothers who remain in the program for extended periods of time because of the birth of another child or because they are acting as parent mentors. Based on this, they report anecdotal evidence of success.

It is the triple burden of substance abuse, domestic violence, and maternal depression, all of which are disproportionately visible in low-income communities, which place some young low-income children at risk of poor outcomes even in their earliest years. High-quality early intervention programs that combine a focus on child development with family support make a difference.

Child Development and Family Support Through CDCs

HIP-Start, Head Start, and Even Start: The Phipps Community Development Corporation, Bronx, New York

The Phipps CDC is a citywide developer of low- and middle-income housing that began work in the West Farms neighborhood of the Bronx 24 years ago. Today, it owns and manages 1,850 units in the South Bronx. In the late 1980s, Phipps Houses established a community development corporation to provide social, educational, and human services to assist low- and moderate-income families living in Phipps housing and in the surrounding neighborhood to create a supportive community. In 1998, Phipps hired its first Director of Early Childhood Programs to strengthen its focus on early childhood development. Prior to this, it ran several early childhood programs, but had not made a concerted effort to develop an early childhood strategy. This changed because, through its work with school-aged children, Phipps became concerned about the numbers of young children who seemed to be entering school unprepared. As a result, Phipps sought and received funding to establish early childhood programs based on national models. Currently, Phipps operates three early childhood programs, with a process for referring families from one program to the other as needed.

HIP-Start is a program that combines elements of two national models, the Home Instruction Program for Pre-School Youngsters (HIPPY), a home-based early literacy program, and the Head Start program. Through

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HIPPY, paraprofessionals visit parents once a week to help them become more effective as their children's first teachers. They also bring children to Phipps once every other week for two to three hours of group socialization sessions. Phipps began with a HIPPY program and then, in 1993, submitted a proposal to the New York City Agency for Child Development for a Home-Based Head Start Program in order to continue to use the HIPPY model but also to incorporate Head Start performance standards. HIP-Start, for instance, enhanced the HIPPY program with elements of the Head Start program such as a health and mental health component. The program also includes a parent advisory council, another element of the Head Start program.

Even Start is a federally funded family literacy program being implemented by Phipps in collaboration with the local school district. The goal of the program is to make education a family concern and to enhance the emotional, social, and intellectual development of children from birth to age 7. Eligibility requires that: adults be enrolled in an adult education program (such as a General Equivalency Diploma, English as a Second Language, or adult basic education) and that children be enrolled in an early childhood program. (If they are ages 3–5, the children are often enrolled in Phipps' Head Start or HIP-Start programs.) Drop-in child care is available for infants and toddlers whose parents attend the adult education classes at Phipps. Parents must also agree to regular visits centered on literacy for either the children, the adults, or, through intergenerational literacy activities, for both. These visits may occur in their homes, libraries, schools, or through a joint trip to buy groceries, for example, that incorporates a literacy learning component. Parents must also agree to participate in activities including workshops, classes, trips, and family literacy sessions designed to strengthen their ability to help their children learn.

Head Start. Phipps also has a Head Start center that is directly funded through the federal Head Start Program. Drawing on its experience in facility development, Phipps raised $1 million for a 6,000-square-feet center that provides the physical facility. The center serves 66 children and offers extended day care (until 6 p.m.) to parents who work or are in job training programs. Phipps raises $200,000 annually to support the center and the Head Start and other quality programs it provides. (Phipps matches more than 20 percent of the Head Start funding from the federal government). The center also houses other early childhood programs.

Head Start and First Start: Community Action Project of Tulsa County (CAPTC), Tulsa County, Oklahoma

CAPTC was formed as a community development corporation in 1973. CAPTC is the largest provider of nonprofit housing in the state as well as a provider of many human service supports. In 1998, it became the designated community action agency for Tulsa County and the primary Tulsa County Head Start grantee. At the same time, it was assigned the contracts of the Tulsa Children's Coalition, which had been created in 1991 to advocate for and develop child care programs for low-income Tulsa families. Recognizing this as an opportunity to create a stronger system of care linking services for infants, toddlers, and preschoolers, CAPTC developed over 950 Head Start child care slots for preschool-aged children as well as for infants and toddlers. Further, it designed the program so that enrolled children have access to comprehensive child development and family support services. To manage the Head Start programs, CAPTC works collaboratively with school districts and child care providers. Through First Start, CAPTC has also focused special attention on infant and toddler child care, one of the greatest areas of need in many communities. First Start is a collaborative partnership of 19 child care and comprehensive service providers working to provide high-quality infant-toddler child care. First Start provides over 260 full-day infant-toddler slots at 12 sites in low-income neighborhoods through both center-based and family child care programs. All the programs are expected to meet federal Early Head Start standards and all centers must also meet national accreditation standards established by the National Association for the Education of Young

Children. This is an important guarantee of quality in a field where the majority of center-based child care is not accredited. Also part of the CAPTC system building effort is a focus on child care providers that is highlighted below.

Strategy #2
Strengthening Skills and Opportunities for Those Who Work Directly with Young Children and Families

Young children are spending more and more time in child care.[15] But the supply of child care in many communities, particularly low-income communities, is still not sufficient to meet the needs of the growing number of families with young children who are working.[16] Moreover, often child care providers, particularly family child care providers, have few opportunities to improve the care they provide or their skill in managing small businesses. CDCs are uniquely positioned to play a vital role. CDCs are using several approaches to do this.

Using CDCs to Rehab Homes for and Provide Technical Assistance to Family Child Care Providers

Family Child Care Provider Housing Rehab Program: Community Action Project of Tulsa County (CAPTC), Tulsa County, Oklahoma

In 1998, CAPTC, the CDC just highlighted for its direct child development programs, also turned its attention to increasing the supply of family child care providers. Building on its expertise in developing and rehabbing housing, it began to rehab houses for family child care providers, and, drawing on CAPTC's other areas of expertise, help them develop viable businesses. CAPTC pays for the rehabilitation of homes, which are then made available to family child care providers. Providers work towards purchasing these homes through CAPTC's home ownership program. Providers are also enrolled in CAPTC's small business development program, and may be enrolled in CAPTC's Individual Development Account (IDA) program, a special savings plan that helps them to accumulate money for home ownership. To help them recruit and enroll children, providers are connected with the two CAPTC early childhood education programs—Head Start and First Start. Other programs and services offered through CAPTC, such as tax preparation assistance and case management, are also available for providers. To date, CAPTC has rehabilitated 10 homes for family child care providers.

The supply of child care in many communities, particularly low-income communities, is still not sufficient to meet the needs of the growing number of families with young children who are working.

Creating Family Child Care Provider Support Networks through CDCs

Across the country, CDCs are developing networks of family child care providers. Two examples follow.

Providers United: Fordham Bedford Housing Corporation (FBHC)/University Neighborhood Housing Program (UNHP), Bronx, New York

Providers United is a collaboration between two CDCs that aims to improve and expand the supply of child care in the area. One, FBHC, is a housing organization established in 1998 by local tenant and neighborhood leaders to prevent the spread of housing deterioration. FBHC now manages and oversees more than 70 tenant and community controlled buildings with 1,400 affordable apartments. The second, UNHP, is a community-based not-for-profit organization in the northwest Bronx created by Fordham University and the Northwest Bronx Community and Clergy Coalition in 1983. UNHP also works to create, preserve, and finance affordable housing through community lending, neighborhood organizing, and technical assistance. In April 1998, UNHP convened a meeting attended by over 50 family child care providers interested in organizing and creating a support network to foster the professional development of child care providers and address policy issues that affect providers, their work, and their community. This led to a successful collaborative grant proposal to the Enterprise Foundation, a national intermediary, from UNHP and FBHC.

Providers United is coordinated by a family child care provider who attended the original meeting and has

Often child care providers, particularly family child care providers, have few opportunities to improve the care they provide or their skill in managing small businesses. CDCs are uniquely positioned to play a vital role.

50 family child care providers in its network. It is housed by FBHC but UNHP continues to provide technical assistance and staff time, including a fundraiser. Specifically, the network offers the following services:

- *Workshops and education on child development.* Providers United delivers or refers providers to courses on all topics related to child development, in part through a partnership with the Early Childhood Center at the State University of New York.
- *Courses and training in business development.* Providers United helps family child care providers strengthen their skills as small businesses, providing information and training about such issues as tax assistance, obtaining small business loans, and developing contractual agreements.
- *Site visits to the homes of providers to give technical assistance around child care and child development issues.*
- *Equipment loans and small grants to purchase equipment.*
- *A resource room/lending library for providers.*

In addition to these concrete activities, Providers United also:

- *Assists and encourages providers to become advocates.*
- *Assists unlicensed providers in the licensing process.*
- *Connects providers to other resources in the community.* Often representatives of other local organizations are invited to meetings to talk about important issues and opportunities in the community such as lead poisoning prevention, voter registration, and enrolling in an Individual Development Account.

Through collaboration with Bank Street College, Providers United has also reached out to informal providers in the community. It is estimated that between 40 and 50 percent of all children are cared for by "kith and kin"—neighbors and relatives. For very young children, that is, infants and toddlers, the percentage is even higher. Providers United was one of the earliest projects to try to understand the needs of these kith and kin providers.[17]

Child Care Neighborhood Network: Revitalize Outer South East (ROSE), Portland, Oregon

ROSE was created in 1992 by a group of neighborhood residents, business people, and service providers who were concerned about the economic decline in Outer South East Portland. ROSE's primary goals are to increase the supply of affordable housing; to support neighborhood businesses that will provide income and services to residents; and to empower individuals, build leadership, and foster collective action to create effective communities. In 1994-95, ROSE received funds from a regional foundation, the Northwest Area Foundation, to participate in a community assessment and planning process for child care. The project was coordinated by a national intermediary, the National Economic Development and Law Center. The ROSE planning committee was comprised of parents, providers, community leaders, business people, and child care professionals. They decided to develop an informal support network for providers. The Child Care Neighborhood Network (CCNN) became operational the following year.

The goals of CCNN are to: strengthen the neighborhood economy through business support and lending to child care providers; meet the specific child care needs of the neighborhood; develop the leadership skills of neighborhood providers; and improve the quality of care in Outer South East Portland neighborhoods.

The activities of the CCNN include:

- *A provider loan fund program.* The fund offers business development and improvement loans to small child care centers and to family child care businesses in the community ROSE serves. (A committee made up of local child care providers, neighbors, and financial specialists makes decisions about loans.)

- *Grant/scholarship fund for professional development.* This fund is used for professional development and to purchase equipment.
- *Home visits and technical assistance on child development-related issues.*
- *Technical assistance on business-related issues including marketing assistance and tax preparation.*
- *Information about educational opportunities.* Regular updates are given about available courses and training offered by ROSE and others for family child care providers.
- *Support for the local provider organization.* The network helps pay provider membership dues.
- *Child care consumer education for parents.*

Building on the work of CCNN, in 1999, ROSE began a demonstration project to establish a small formal network of 12 experienced providers, with funding from the Enterprise Foundation and the City of Portland, in partnership with the Peninsula Children's Center. Called "Provider Share," it provides:

- *Substitute care* for up to one month for providers.
- *Short term "emergency" child care subsidies* for families that are clients of the providers.
- *Periodic training on quality standards.* Monthly training that addresses quality standards for child care businesses is available to the network.
- *Home visits to providers.*
- *Business training and technical assistance.*
- *Information to be shared with families.* Information is given to providers to share with families about different issues including domestic violence, learning disabilities, and linking with early intervention programs in the school system.
- *Advocacy.* Provider Share engages providers in advocacy efforts around early childhood issues in collaboration with a state advocacy group.

Across the country, CDCs are developing networks of family child care providers.

In addition to its work in family child care, Rose received a TANF/Welfare Reinvestment grant which enabled the CDC to establish a preschool co-op, a flexible fund for family child care providers, and a before- and after-school program. Both the preschool and the before- and after-school programs are currently being administered by a nonprofit organization.

Training Welfare Recipients as Child Care Providers

The MAN Childcare Training Program: Mutual Assistance Network (MAN), Sacramento, California

MAN was created in 1992 under the leadership of the Sacramento County Department of Human Assistance as part of an effort to find ways to improve the quality of life in high-risk neighborhoods. The aim was to localize and consolidate service programs and services in neighborhood centers, and MAN became a partner in this collaborative effort. Its programs are organized around three foci: economic development, family services, and welfare reform. In 1998, as part of its broader welfare reform program, MAN developed a program to train welfare recipients to be child care providers. Through a grant from the California Child Care Resource and Referral Network, MAN is able to offer free child care training to residents interested in becoming child care providers. The goal is to recruit new child care providers and improve the quality of care in the area. Once trained, the residents receive help in opening their own home-based child care business. The program also helps existing child care providers enhance their skills. Child Care Action Inc., the county's child care resource and referral organization, provides training. As of June 1999, 55 individuals attended training, and 33 had completed training and were in the process of becoming licensed. Some 30 existing providers had received additional training.

At the time the initiative began, MAN had already developed such a successful track record in providing employment services that the county allowed it to

When local organizations build on the strengths of families in the community, connect families who may otherwise be isolated, and provide the kinds of material support that can help a family living on the margin get through a work or parenting crisis, it can make a major difference in the lives of low-income families.

administer one of the county's welfare-to-work programs (Job Club/Job Search). That program has been so effective that the county is exploring the possibility of applying it to other communities. About 80 percent of the residents stay in the program and 60 percent obtain "good" jobs.[18] Also helpful for the child care program is MAN's Contingency Loan Fund. The fund provides small interest-free loans to Del Paso Heights residents who need emergency cash to cover costs required to carry out their work successfully, such as start-up fees for small businesses, child care, transportation, health fees, and the costs of materials, tools, or uniforms, or, for child care providers, toys.

Strategy #3
Helping Families Meet Both Economic Security and Parenting Goals

All families with young children face two core challenges, providing for their families' needs and nurturing and stimulating their young children in ways that will start the children off on a trajectory to success. For low-income families, the challenges are made immeasurably harder. But real world experience suggests that when local organizations build on the strengths of families in the community, connect families who may otherwise be isolated, and provide the kinds of material support that can help a family living on the margin get through a work or parenting crisis, it can make a major difference in the lives of low-income families. Below are examples of how some CDCs are approaching this ongoing challenge.

Using CDCs to Support Parents and Grandparents Raising Children

Block Grandparent Program and Parent Support Groups: Mutual Assistance Network (MAN), Sacramento, California

MAN, whose child care training initiative is highlighted above, relies on two core strategies to promote healthier families: family support programs for grandparents and parents and peer support groups for children and youth.

The Block Grandparent Program. This program was initiated in 1994 in response to community concern about the city's high rate of involvement with child protective services (CPS), about twice the rate of the rest of the county. In response, MAN developed a neighborhood approach that called for local residents to be trained as home visitors (Block Grandparents). The project was funded by Sacramento County Department of Health and Human Services as a preventive child welfare service. Block Grandparents, who receive extensive training from the county, help families address their challenges and, if necessary, refer them to other services. Over 400 families were served through June 1999, and the rate of repeated reports of child abuse and neglect for families in Del Paso Heights dropped from 58 percent to 28 percent.

Grandparent Support Group. Shortly after the Block Grandparent program started, MAN and community residents began to take notice of the large number of grandparents raising their grandchildren in Del Paso Heights. This led to the Grandparents Support Group in 1994, spearheaded by a neighborhood resident raising her own grandchildren. The group was created to enable grandparents and other relative caregivers to find strength in each other and gain access to needed resources. It is now comprised of about 25 women who meet biweekly. The group offers "respite care" to grandparents for one 24-hour period per month. Recently, support group participants have become involved in legislative advocacy in an effort to increase the stipend offered to relatives caring for their kin. In 1995, members of this group also established a group for children and youth being raised by grandparents. That group is now open to all youths.

Parent Support Group. The parent support group was created in 1997 to respond to the needs of a high number of single parents in the community. The group was developed to give parents an opportunity to learn from each other's experiences, to strengthen their parenting skills, and to develop their own goals. Many of the parents are parents of young children ages birth-5. Through the group, parents learn about assessing childrens' needs, developmentally appropriate activities for their children, and managing stressful situations.

Child and Youth Support Groups. Recognizing the stress on children living in a low-income community, MAN has also developed three support groups for them. The groups, targeted to children ages 2–5, 5–8, and over 8, involve over 100 children and engage them in a variety of activities from role playing, to open discussion about problems, to tutoring. In the 1998–99 school year, the older children participating in support groups showed considerable improvement in their grades and behavior at school: 45 percent had improved grades and 77 percent reduced or avoided school-related problems. MAN has been working on strengthening its program for 2 to 5-year-olds by adding a curriculum appropriate for this age group. The 2–5 age group participates in play therapy and developmentally appropriate activities. MAN is also concerned about ensuring that young children are ready for their transition to school and is therefore developing programs for this age group with that in mind.

The Grandparents Support Group...was created to enable grandparents and other relative caregivers to find strength in each other and gain access to needed resources... [and] offer "respite care." ...Recently, support group participants have become involved in legislative advocacy in an effort to increase the stipend offered to relatives caring for their kin.

Helping Parents with Child Care through CDCs

The Parent Network: Portland Community Reinvestment Initiative (PCRI), Portland, Oregon

PCRI is a community development corporation that specializes in providing affordable housing opportunities for lower-income households in the inner North and Northeast Portland neighborhoods. PCRI was formed in 1991. Three years later, residents of PCRI housing identified the lack of child care as a barrier to work and a cause for absenteeism from work. These themes had also been expressed by residents during interviews conducted by PCRI to recertify residents as eligible for low-income housing.[19] In response, PCRI applied for and received a planning grant from a national intermediary, the National Economic Development and Law Center, to explore the child care issues further, building on the experiences of other CDCs such as ROSE (profiled above) and Franciscan Enterprises that had worked on similar planning processes.

Out of this process, a plan was devised that includes the following components: a Parent Network, an Emergency Childcare Scholarship Fund for parents, a program to rehab vacant homes for family child care providers, and a child care center. To date, PCRI has implemented the first three elements of this plan, which is similar to efforts already profiled. The work of the Parent Network is highlighted here.

Parent Network. The Parent Network was started to help parents become better informed about issues related to child care quality, availability, and subsidies. It has also provided a forum to address issues such as managing family finances, and has served to develop parent leaders and foster connections among PCRI residents. The Parent Network meets on a monthly basis and has been involved in the following activities:

- *Parent information packets.* The Parent Network creates and disseminates information about child care subsidies, quality care, and information on short-term emergency child care scholarships.
- *Workshops in financial planning, stress management, and advocacy skills.*[20]
- *Community outreach events.* For example, PCRI held a barbecue with activities geared toward young children. It was attended by 150 residents and helped to build connections among PCRI residents.

Proper maintenance in older housing is crucial to prevention efforts, as is public education so that families are alerted to the possible signs of lead poisoning.

In 1999, PCRI received funding from the Enterprise Foundation and the Portland Bureau of Housing and Community Development that has allowed it to further develop and formalize the Parent Network. This grant provides funding for compensation to parents who participate in the Parent Network in the form of a child care subsidy of $65/month. Parents must now apply to be members of the Parent Network and commit to a certain level of participation.

Helping Families Meet the Goals of Welfare Reform through CDCs

Comprehensive Integrated Resources for CalWORKS Limited English Speakers (CIRCLES): East Bay Asian Local Development Corporation (EBALDC), Oakland, California

EBALDC is a community development organization founded in 1975 to serve the East Bay Community, particularly low-income and Asian and Pacific Islander populations, through development of physical, human, and economic assets for individuals and community organizations. At the request of Alameda County, EBALDC's Neighborhood Economic Development Department initiated a planning process to address issues related to welfare reform. This process produced the CIRCLES initiative, a neighborhood-based collaborative designed to increase economic opportunities for limited-English-speaking welfare recipients in the San Antonio and Fruitvale neighborhoods in Oakland. The formal effort began in 1998 when EBALDC convened the first meeting of the partnership. Based on a prior EBALDC study, it was already clear that child care was a critical issue.

The CIRCLES partnership joins together five community-based organizations serving Latino, Cambodian, Laotian, and Vietnamese clients and several nonprofit agencies in the community who provide assistance with transportation, child care, mental health services, and job training. Facilitated by EBALDC's Neighborhood Economic Development Department, it consists of three primary components:

- *Client resource advocates*. CIRCLES provides client resource advocates in the areas of education, transportation, job opportunities, and, especially, child care. These advocates serve as liaisons to residents, helping them to access needed resources, and also to culturally-based community organizations, helping them to be informed about what the residents need and to understand benefit eligibility rules.
- *Peer support groups*. CIRCLES facilitates peer support groups for community residents, participants in the programs, and staff of partner organizations.
- *Grant-based employment program*. TANF recipients in the grant-based employment program are given a chance to earn a real paycheck for work experience performed at nonprofit agencies in the community while they improve their language skills through intensive English as a Second Language classes. Participants are placed with local nonprofits for six months. One benefit is that the paycheck also allows them to qualify for the federal Earned Income Tax Credit. Some participants attend a family child care licensing training program.

Addressing Environmental Risks to Children through CDCs

The Lead Poisoning Prevention Initiative: University Neighborhood Housing Program (UNHP), Bronx, New York

UNHP, highlighted earlier for its Providers United program, started the Lead Poisoning Prevention Initiative to educate the public about the dangers of lead poisoning and to provide technical assistance to those managing nonprofit housing corporations or involved in housing repair and maintenance. The risk for lead exposure is disproportionately high for young children who are poor, and/or of color (especially Black and Mexican-American children), living in large metropolitan areas, or living in older housing.[21] The most common cause of lead poisoning among children is exposure to lead dust from lead-based paint.[22] As such, proper

maintenance in older housing is crucial to prevention efforts, as is public education so that families are alerted to the possible signs of lead poisoning.

Activities include:

- *Presentations and trainings on lead poisoning prevention for community residents and groups.*
- *Training for local contractors, building superintendents, and maintenance workers in proper lead abatement techniques.* UNHP has developed a two-day workshop for these locally-based trades people.
- *Training for housing owners and managers in lead poisoning reduction, maintenance, and rehabilitation techniques.*
- *Creating and distributing a protocol for housing renovation and maintenance.*
- *Participating in policy discussions about lead abatement guidelines in New York City.*
- *Participating in the Alliance to End Childhood Lead Poisoning, a national public interest organization.*

Common Themes, Issues, Challenges, and Opportunities

CDCs bring enormous strengths to their communities. These include:

- *A stable community presence.* Half of the 1,200 CDCs surveyed in the 4th National Community Development Census (1997) had been working in their communities for at least 15 years. Often, this gives them legitimacy and credibility, as well as a knowledge of key players and institutions.
- *A network of relationships.* One of the greatest assets CDCs bring to community building is the social capital, the social relationships, and access to networks that they have built up through other work. They are also well positioned to bring others to the table such as government and/or the private sector to learn about community concerns and needs.

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- *Leadership building capacity.* CDCs work to build the capacity of community residents as leaders and advocates. Sometimes this involves a formal process of leadership development. More often, it entails engaging community residents in decisionmaking and planning so that they are better able to address issues of importance in their community.
- *Program management experience.* CDCs have years of experience managing and administering programs, as well as in facilities development and financing. Most started out managing nonprofit housing and, at times, other programs for residents of their housing. They bring this experience to the administration of programs in new areas, along with the ability to coordinate the financing and construction of new facilities and access appropriate public funds.
- *Neighborhood planning and assessing/data gathering and analysis skills.* The close connection that CDCs have with community residents and institutions allows them to effectively undertake community-planning processes. Many have also developed skills at assessing community needs and assets either through the collection of their own data or by accessing existing data about their communities.

But the challenges that CDCs face in enhancing their focus on activities related to young children and families are considerable. They include:

- *Ambivalence about focusing on a specific age group.* A number of the CDCs in our broader sample (although not those profiled here) reported an ambivalence about focusing explicitly on young children and families, indeed on human development across the life span. They indicated that their work affected all members of their communities and that it would be difficult to single out how young children and families should or did benefit. Those who did want

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Many of the strategies profiled here involved the support and technical assistance of regional and national intermediaries.

STRENGTHS OF COMMUNITY DEVELOPMENT CORPORATIONS

- A stable community presence
- A network of relationships
- Leadership building capacity
- Program management experience
- Neighborhood planning and assessing/data gathering and analysis skills

to expand activities related to young children talked about the difficulty of getting buy-in from their own organizations. For example, one organization, which has traditionally focused on housing, talked about the challenges of making the case for addressing child care.

- *Perception of early childhood agendas as a "professional issue."* Several CDCs indicated that moving out into early childhood was risky, because it involved "stepping on the toes" of other organizations in the community. In general, these CDCs tended to view early childhood approaches as solely within the domain of "the professional community"—described by one respondent as those who go home to other communities at night. Those expressing this view perhaps did not recognize the role that community residents were playing as family child care providers and small business owners, nor the potentially powerful impact that support groups of parents might have on reducing community isolation.

- *Complexities of navigating new partnerships.* Those CDCs that are venturing out to develop new approaches to supporting young children and families recognized that often this involves new partnerships and that the process of negotiating expectations and goals can be challenging. For example, one CDC talked about the pressure from a partner to get as many family child care providers licensed as possible, when it was more concerned with making sure existing providers had viable businesses.

- *Need for technical assistance and support.* Still other CDCs recognized that forging into new territory, particularly regarding young children and families, required the development of new perspectives and expertise. In this light, it is interesting to note how many of the strategies profiled here involved the support and technical assistance of regional and national intermediaries.

- *Funding issues.* As with most organizations providing services and supports to young children and families, the CDCs talked about the twin funding challenges: finding funds to maintain and expand child- and family-focused programs and dealing with the limitations of categorical funds. They also reported frequent cash flow problems not only for themselves, but, in some instances, for child care providers when reimbursement is not timely.

TOWARD THE FUTURE

This report makes clear that CDCs are engaging in a wide variety of activities to promote the well-being of young children and families. These include:

- Establishing networks of family child care providers.
- Adopting national child development and family support program models.
- Rehabbing homes for family child care providers.
- Supporting family child care providers in creating sustainable businesses.
- Organizing parents to address issues of availability and quality of child care.
- Working with child care providers to help them improve availability and quality of child care.

NEW ROLES FOR COMMUNITY DEVELOPMENT CORPORATIONS

- Promoting awareness about the importance of early childhood
- Informing parents about benefits
- Taking a two-generation approach to the hard-to-serve
- Paying more attention to outcome indicators
- Identifying new funding strategies
- Undertaking community planning strategic initiatives
- Expanding the network of intermediaries

- Organizing support groups for parents, grandparents, and children building parent leadership networks.

But drawing on lessons from other community efforts, there are other types of activities that could further strengthen the impact of the CDC on the well-being of young children and families in their communities. For example, these might include:

- *Promoting awareness about the importance of early childhood.* CDCs report carrying out the more traditional kinds of child development and family support activities. However, there are other strategies that they did not report. For example, a number of organizations in low-income communities are developing strategies to increase public awareness of the importance of early relationships and development. In Baltimore, for example, the Starting Points leadership developed an outreach strategy to the faith-based community to promote awareness about early development. In Florida, a curriculum on early brain development has been used to educate a broad range of individuals, from legislators to parents and providers in a variety of communities. For providers, the involvement has been tied into the development of initiatives to enhance the quality of early care and education. In Pittsburgh, a universal literacy campaign is enriched by targeted strategies in four low-income communities.

- *Informing parents about benefits.* The changing policy landscape means that understanding and being informed about state and local rules regarding eligibility for benefits is crucial. Across the country, organizations are struggling to keep up with new information and to keep the families that they serve informed. So too are CDCs. They share, along with other agencies serving low-income families, a great need to make sure that the information they provide is relevant and readily accessible. But whether or not CDCs are meeting this challenge is not clear. Only a handful explicitly mentioned informing families about how to access child care subsidies, while none mentioned helping families enroll young children in Medicaid or the State Children's Health Insurance Program. It may be that CDCs do this so routinely as to be unworthy of special comment. Or it may be that, as is true in many early childhood and family support programs, the challenge of ensuring that low-income families have access to all the basic support services to which they are entitled has not been the focus of specific staff orientation and training. Related to this, no CDC that NCCP spoke with involved with networks of family child care providers mentioned organizing efforts to extend Medicaid to family child care providers, as is being done in a number of places across the country.[23]

The challenge of ensuring that low-income families have access to all the basic support services to which they are entitled has not been the focus of specific staff orientation and training.

- *Taking a two-generation approach to the "hard-to-serve."* Although a number of CDCs raised the issues of the "hard-to-serve" in relation to their welfare-related activities or as an emerging stress on their programs, there was very little discussion about how to help the young children in these families. Yet in the broader early childhood community, many providers are reporting frustration about their lack of competencies in helping high-risk families in general and their young children in particular, especially those in families affected by substance abuse, domestic violence, and maternal depression. It may be, given the responsibility that CDCs feel for these more vulnerable families, that more dissemination of

Many providers are reporting frustration about their lack of competencies in helping high-risk families in general and their young children in particular, especially those in families affected by substance abuse, domestic violence, and maternal depression.

Building on the vision that all children be safe, healthy, and ready to succeed when they enter school, some communities are organizing around these goals, seeking to move from a program-focused agenda to an outcome-oriented one.

strength-based strategies that are consistent with their own philosophies would be helpful.

- *Paying more attention to outcome indicators*. The CDCs discussed the difficulty in some communities in forging effective partnerships with the larger early childhood community. Collaboration under any circumstances is challenging, but it is useful to note that in a number of communities, a shared vision of what young children need to enter school ready to learn has been an important driver in bringing different stakeholders together. Building on the vision that all children be safe, healthy, and ready to succeed when they enter school, some communities are organizing around these goals, seeking to move from a program-focused agenda to an outcome-oriented one. Although NCCP is not aware of any low-income communities that have moved in this direction, the experience that CDCs have in conducting community assessment and engaging in strategic planning around those assessments suggests that this might be an approach that would "fit" with the CDCs more asset-focused general orientation.

- *Identifying new funding strategies*. The funding challenges that the CDCs report are endemic to the early childhood field. But it is also true that in a number of states and communities, efforts are being made to make funding streams more flexible and to bring new funders, such as community foundations, to the table, particularly in support of communitywide strategic planning initiatives. CDCs do not appear to be participating in these discussions.

- *Undertaking community planning strategic initiatives*. Across this country, communities are mobilizing around young children, sometimes through local leadership, sometimes in response to state-promoted opportunities. But the CDCs that NCCP spoke with rarely mentioned being a part of these larger initiatives. Clearly, this is a challenge to the larger early childhood field, as CDCs can bring a valuable "on the ground" perspective to these initiatives.

- *Expanding the network of intermediaries*. The strategies profiled in this report parallel the larger national picture. National community development intermediaries have taken on a central role in funding and providing technical assistance to community development organizations in the past two decades. The Enterprise Foundation, for example, has been at the forefront of working with CDCs to develop family child care providers and to support informal providers in the community. Intermediaries like Local Initiatives Support Corporation have played a key role in financing and supporting child care facilities development. The National Economic Development and Law Center has played an important role in working with CDCs to design community assessment and planning processes around the quality, affordability, and availability of care. At the same time, there is a much broader network of national intermediary early childhood organizations that might also be helpful to CDCs and other community organizations.

CONCLUSION

Joining these new opportunities with the strengths of CDCs, it is clear that:

- With their knowledge of and presence in the community, CDCs are in a strong position to help identify and craft strategies to respond to emerging issues and to speak out about the special challenges of raising young children in low-income communities.
- With their leadership capacity, CDCs are in a position to become a stronger voice for responsive child and family policies for low-income young children, for example, by advocating for broadened eligibility for health care for parents and new health benefits for family child care providers.
- With their experience in accessing funding, CDCs are well positioned to help their communities take advantage of new funding opportunities (e.g., TANF job-readiness money and expanded child care money).

At the same time, this report has also highlighted the need for the existing network of organizations concerned with the well-being of low-income young children and families to reach out and include the CDCs. This includes funders, community and state coalitions, and others engaged in service provision, advocacy, and policymaking.

Some 40 percent of all young children in America live in families with incomes under 200 percent of the poverty level. CDCs, alone or in partnership with others, are well-positioned to play an important role in promoting the well-being of the next generation. Their voices need to be heard.

CDCs are in a strong position to help identify and craft strategies to respond to emerging issues and to speak out about the special challenges of raising young children in low-income communities.

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17. Other components of the Providers United welfare program include a job development component, job retention specialists, and an emergency contingency loan program. For other strategies to improve kith and kin care see Gilman, E. & Collins, A. (2000). *Better strategies for babies: Strengthening the caregivers and families of infants and toddlers* (Children and Welfare Reform Issue Brief No. 7). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

18. Defined by MAN as at least $8.30 per hour.

19. PCRI conducts annual interviews with the residents to "recertify" them for eligibility for low-income housing. This is also used as an opportunity to learn more about the challenges and needs of residents.

20. PCRI offers free tax assistance to residents and offers information to all residents about the federal Earned Income Tax Credit during their annual recertification process.

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23. For example, San Francisco has developed a special health benefit for family child care providers, while Rhode Island has a statewide initiative.

APPENDIX A

Contact Information for Sites Profiled

Bethel New Life
Tamara Stanford
Director, Child Development
1120 North Lamon
Chicago, IL 60651
Phone: 773-626-7760

Community Action Project of Tulsa County (CAPTC)
Steven Dow
Executive Director
717 S. Houston, Suite 200
Tulsa, OK 74127
Phone: 918-382-3217

East Bay Asian Local Development Corporation (EBALDC)
Gary Chong
Director of Neighborhood Economic Development
310 Eighth Street, Suite 200
Oakland, CA 94607
Phone: 510-287-5353

Mutual Assistance Network of Del Paso Heights
Richard Dana
Interim Executive Director
811 Grand Avenue, Suite A-3
Sacramento, CA 95838
Phone: 916-927-7694, Ext. 107
Fax: 916-564-8443
E-mail: rldana@aol.com

Phipps Community Development Corporation
Janet Kourie
Director of Early Childhood Programs
1970 West Farms Road
Bronx NY 10460
Phone: 718-364-2496, Ext. 12

Portland Community Reinvestment Initiatives (PCRI)
Sarah Pearmine
Programs Coordinator
4829 NE Martin Luther King Jr. Boulevard
Portland, OR 97211
Phone: 503-288-2923

Providers United
Anania Almonte
Child Care Coordinator
Fordham Bedford Housing Corporation (FBHC)/
University Neighborhood Housing Program (UNHP)
2715 Bainbridge Avenue
Bronx, NY 10458
Phone: 718-733-2557, Ext. 21

Revitalize Outer South East (ROSE)
Marilyn States
Project Coordinator
Child Care Neighborhood Network (CCNN)
7211 SE 62nd Avenue
Portland, OR 97206
Phone: 503-788-0826, Ext. 109

University Neighborhood Housing Program (UNHP)
Jim Buckley
Executive Director
2751 Grand Concourse
Bronx, NY 10468
Phone: 718-933-3101

APPENDIX B

Contact Information for National Intermediaries

Alliance for National Renewal
1319 F Street NW, Suite 204
Washington, DC 20004
Phone: 800-308-9414 or 202-783-2961
Fax: 202-347-2161
E-mail: ncldc@ncldc.org
Web site: www.ncl.org/anr/index.html

Asset-Based Community Development Institute (ABCD)
2040 Sheridan Road
Evanston, IL 60208-4100
Phone: 847-491-8711
Fax: 847-467-4140
E-mail: earlee@northwestern.edu
Web site: www.northwestern.edu/IPR/abcd.html

Center for Community Change
1000 Wisconsin Avenue, NW
Washington, DC 20007
Phone: 202-342-0567
Fax: 202-333-5462
E-mail: info@communitychange.org
Web site: www.communitychange.org
OR
160 Sansome Street, 7th Floor
San Francisco, CA 94104
Phone: 415-982-0346
Fax: 415-956-6880

Community Building Institute
202 Schott Hall
3800 Victory Parkway
Cincinnati, OH 45207-5141
Phone: 513-745-3329
Fax: 513-745-3422
Web site: www.xu.edu/cbi/

Community Development Society
Administrative Office
1123 N. Water Street
Milwaukee, WI 53202
Phone: 414-276-7106
Fax: 414-276-7704
E-mail: cole@svinicki.com
Web site: www.comm-dev.org
Of special relevance: professional association of community development professionals

Direct Action and Research Training Center (DART)
314 NE 26th Terrace
P. O. Box 370791
Miami, FL 33137-0791
Phone: 305-576-8020
Fax: 305-576-0789
E-mail: dartcenter@aol.com
Web site: www.flu.edu/~dart/ or www.thedartcenter.org
Of special relevance: serves greater Florida region

Enterprise Foundation
10227 Wincopin Circle, Suite 500
Columbia, MD 21044
Phone: 410-964-1230
Fax: 410-964-1918
E-mail: mail@enterprisefoundation.org
Web site: http://www.enterprisefoundation.org/myefpage.asp

Local Initiatives Support Corporation (LISC)
New York LISC
733 Third Avenue, 8th floor
New York, NY 10017
Phone: 212-455-9800
OR
Chicago LISC
547 West Jackson Boulevard, Suite 601
Chicago, IL 60661
Phone: 312-697-6102
OR
Los Angeles LISC
1055 Wilshire Boulevard, Suite 1600
Los Angeles, CA 90017
Phone: 213-250-9550

The National Community Development Initiative
330 West 108th Street, Suite 1
New York, NY 10025
Phone: 212-662-6650
Fax: 212-662-1369
E-mail: ncdi@ncdi.org
Web site: www.ncdi.org

National Civic League
1445 Market Street, Suite300
Denver, CO 80202-1728
Phone: 303-571-4343
Fax: 303-571-4404
E-mail: ncl@ncl.org
Web site: www.ncl.org

National Neighborhood Coalition
1030 15th Street, NW, Suite 325
Washington, DC 20005
Phone: 202-408-8553
Fax: 202-408-8551
E-mail: nncnnc@erols.com
Web site: www.neighborhoodcoalition.org

National Council of La Raza
1111 19th Street NW, Suite 1000
Washington, DC 20036
Phone: 202-785-1670
Fax: 202-776-1790
Web site: www.nclr.org

The National Association of Child Care Resource and Referral Agencies (NACCRRA)
1319 F Street, NW, Suite 500
Washington, DC 20004-1106
Phone: 202-393-5501
Fax: 202-393-1109
E-mail: info@naccrra.org
Web site: http://www.naccrra.net

National Association of Community Action Agencies
1100 17th Street, NW, Suite 500
Washington, DC 20036
Phone: 202-265-7546
Fax: 202-265-8850
E-mail: info@nacaa.org
Web site: http://www.nacaa.org

National Community Building Network
1624 Franklin Street, Suite 1000
Oakland, CA 94612
Phone: 510-663-6226
Fax: 510-663-6222
E-mail: network@ncbn.org
Web site: http://www.ncbn.org

National Congress for Community Economic Development
1030 15th Street, NW, Suite 325
Washington, DC 20005
Phone: 202-289-9020
Toll Free: 1-877-44NCCED
Fax: 202-289-7051
E-mail: ncced@ncced.org
Web site: http://www.ncced.org/

National Economic Development and Law Center
2201 Broadway, Suite 815
Oakland, CA 94612-3024
Phone: 510-251-2600, Ext. 131
Fax: 510-251-0600
E-mail: webmaster@nedlc.org
Web site: http://www.nedlc.org

Pratt Institute Center for Community and Environmental Development (PICCED)
379 DeKalb Avenue, 2nd Floor
Brooklyn, NY 11205
Phone: 718-636-3486
Fax: 718-636-3709
E-mail: mgordon@pratt.edu
Web site: www.picced.org

Roundtable on Comprehensive Community Initiatives for Children and Families
The Aspen Institute
281 Park Avenue South
New York, NY 10010
Phone: 212-677-5510, Ext. 25
Fax: 212-677-5650
E-mail: webmaster@aspenroundtable.org
Web site: www.aspenroundtable.org

United Neighborhood Centers of America
3631 Perkins Avenue, 4th floor
Cleveland, OH 44114-4705
Phone: 216-391-3028
Fax: 216-391-6206
E-mail: unca@en.com
Web site: http://www.unca.org/

NATIONAL CENTER
FOR CHILDREN IN POVERTY
MAILMAN SCHOOL OF PUBLIC HEALTH
COLUMBIA UNIVERSITY
154 Haven Avenue, New York, NY 10032
TEL: 212-304-7100 • FAX: 212-544-4200

www.nccp.org

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